

scientifically implausible data, the Administrator cannot make final re-registration decisions on those products until sufficient time has been provided to allow the data to be developed, submitted and subsequently evaluated by the Agency.

The Administrator is required to issue rules to implement the FQPA properly within one year of enactment of this bill. Further, the Administrator is required to issue guidelines specifying the kinds of information that will be required to support the issuance or continuation of a tolerance or exemption from the requirements for a tolerance and shall revise such guidelines from time to time.

My bill provides protections, especially to small acreage farmers to ensure that they will not be left without crop protection tools. This legislation requires the Administrator to report to Congress priorities for registering new products that will replace products that are being removed from use and expedite the registration process. This will allow the farmers to continue to provide a safe, reliable food supply.

The USDA and EPA are required to assess the potential negative trade effects of implementing FQPA. The program will monitor the competitive strength of major United States agricultural commodity sections in the international marketplace. Such commodity sectors include fruits and vegetables, corn wheat, cotton rice, soybeans and nursery and forest products.

Mr. Speaker, FQPA must be implemented properly or grave results will occur. My bill gives this Congress a chance to do something good for the American people and the American Farmer. I urge my colleagues to cosponsor this legislation.

#### THE LIVING ORGAN DONATION INCENTIVES ACT OF 1999

**HON. KAREN L. THURMAN**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 1999*

Mrs. THURMAN. Mr. Speaker, I never thought that I would come before my colleagues to discuss the importance of organ donation. Frankly, it was never an issue until seven years ago—organ donation was something other people did and organ transplants affected other people's families.

Well, I am here to tell you that this issue can affect anyone. You never know.

My husband, John, suffers from Polycystic Kidney Disease. John endured years of dialysis while awaiting a kidney transplant. In 1996, after waiting three years for a kidney, we finally received word that the local organ procurement organization (OPO) in Gainesville, Florida found a matching organ.

In a country where about 5,000 Americans die each year because there are not enough donated livers, kidneys and other organs to go around, John was clearly one of the lucky ones.

The sad fact is that the disparity between the supply and demand of organs available for transplant contributes to the deaths of eleven people daily. This is not just a problem, this is a health care crisis. Between 1988 and 1996, the number of people on the waiting list for an organ transplant increased by 312 percent and

the number of wait list deaths increased 261 percent. Additionally, in 1996, a new name was added to the transplant waiting list every nine minutes.

Viable, transplantable organs are provided from two primary sources: brain-dead victims of trauma (cadaveric donation) or living organ donors. The National Kidney Foundation (NKF) believes that we have only begun to tap the potential of living organ donation. Scientists and organ donation proponents alike firmly believe that increasing the frequency of living organ donation would not only increase the availability of organs but also lessen the transplantation rejection rate and reduce costs associated with dialysis.

However, living donors are faced with loss of income attributable to the time away from work needed for evaluation, surgery and recovery, making it difficult to pay rents, mortgages and other bills. There are also costs associated with their donation which are not reimbursable by Medicare: for example, travel, lodging, meals and child care. I firmly believe that Congress should take a more proactive role in promoting living organ donation by addressing these financial disincentives.

According to a study by researchers at the University of North Carolina at Chapel Hill, 24 percent of family members indicated that financial issues kept them from being living organ donors. Four donors in their study alone lost their jobs when they revealed to their employers their plans to be living related donors and the need to have recovery time after surgery.

We need a concerted and well-established policy on living organ donation in this country. We should not only seek to provide the best quality-of-life for our constituents, but also do so in a fiscally responsible manner. By removing some of the financial disincentives associated with living organ donation, Congress can ensure better graft survival rates, increase the number of organs available for transplantation, and reduce the costs associated with dialysis and repeat transplantation.

That is why today I am introducing the Living Organ Donation Incentives Act of 1999. This legislation would amend the Family and Medical Leave Act (FMLA) to allow living organ donation to qualify as a reason for taking time off work. This would include time spent for tests, evaluations, travel time and recuperation. The FMLA currently covers employers in the private sector with 50 or more employees and most public employees at the federal, state and local level. Under FMLA, employers are required to grant 12 weeks unpaid leave in any one calendar year to parents to care for their newborn or newly adopted child or a seriously ill child, spouse, or parent and to temporarily disabled workers. This provision would specify that living organ donation would qualify as a reason to take leave. In addition, by singling out living organ donation as a qualifier for FMLA, Congress can bring much needed attention to the benefits of this type of donation.

In addition, this legislation would allow the Secretary of Health and Human Services (HHS) to develop a grant program to aid individuals with the high costs associated with living organ donation. Medicare currently pays for the costs associated with a number of solid organ transplants. However, Medicare does not cover the costs of travel, lodging, child care, etc. These costs can be an extremely

difficult burden for many potential donors. By developing a grant program for eligible beneficiaries, Congress could help increase the number of living organ donations.

This legislation would also increase the payment amount (referred to as the 'composite rate') by 2.9 percent for renal dialysis services under Medicare. The current rate has remained essentially unchanged since 1983, and the Medicare Payment Advisory Commission recently expressed concern that quality of dialysis services may decline if the rate is not increased. In recent years, costs have risen in relation to the composite rate. In fact, the independent and nonpartisan Medicare Payment Advisory Commission (MedPAC) recently expressed concern that without an increase in the payment the quality of dialysis services may decline.

This legislation is supported by the National Kidney Foundation, American Society of Transplantation, National Renal Administrators Association, American Society of Transplant Surgeons, American Society of Nephrology, American Nephrology Nurses Association, North American Transplant Coordinators Organization, Patient Access To Transplantation Coalition, Renal Physicians Associations.

I would also like to thank and express my appreciation for the ideas and suggestions I received from these organizations. In particular, I would like to acknowledge the contributions of Troy Zimmerman and Dolph Chianchiano with the National Kidney Foundation, Gwen Gampel with the National Renal Administrators Association, and Kathy Lanza Turrissi, Program Director of the Medical University of South Carolina. Together, we have crafted legislation that will tear down the disincentives associated with living organ donation.

Mr. Speaker, in the world of organ donation, supply simply does not meet demand. Together, we need to develop strategies for greater organ donation. I urge my colleagues to join me in cosponsoring this important and urgent legislation.

#### RECOGNIZING FLAT STANLEY

**HON. BOB SCHAFFER**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 1999*

Mr. SCHAFFER. Mr. Speaker, I rise today to recognize Flat Stanley who showed up today in my office here in Washington, D.C. Mr. Stanley was introduced to me by Jessika Fretwell, a Student from Laurel Elementary School in Ft. Collins, Colorado.

Together, Mr. Stanley and Miss Fretwell are trying to see how far and wide Flat Stanley can travel in a short period of time. This experiment, I understand, is being conducted as part of a classroom activity in Miss Cooper's Class.

I hereby certify, Mr. Speaker, that Flat Stanley arrived in Washington, D.C. today. Should any of our colleagues wish to meet him, they may inquire about his status at my office. There, Mr. Stanley will be resting for most of Wednesday.